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Application Number	10/760117	
Filing Date	01/15/2004	
First Named Inventor	DECKER	
Art Unit	-	
Examiner Name		
Attorney Docket Number	82027 0000e	

Name DAYNA M. DECKER  Date Telephone (818) 762-6066  NOTE: Signatures of all the inventors or assignates of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one alignature is required, see below.						<del></del>	-		
I hereby appoint the practitioners associated with the Customer Number:   35966	I hereby revoke all pr	revious powers of at	tornev given in the	bove k	entified a	oikaa	ation		
I hereby appoint the practitioners associated with the Customer Number: 35966     Please change the correspondence address for the above-identified application to:   The address associated with Customer Number: 35966     Prim or Individual Name   DAVID HONG, Esq., LAW OFFICE OF DAVID HONG     Address									
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  OR  Firm or Customer Number:  DAVID HONG, Esq., LAW OFFICE OF DAVID HONG  Address  P.O. BOX 2111  City SANTA CLARITA State CA ZIP 91385-2111  Country U.S.  Telephone ass-824-6880 Fax 866-824-8880  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name DAYNA M. DECKER  Note: Stratume of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
The address associated with Customer Number:  OR  DAVID HONG, Esq., LAW OFFICE OF DAVID HONG  Address  P.O. BOX 2111  City SANTA CLARITA State CA Zip 91386-2111  Country U.S.  Telephone 866-824-6680 Fax 866-824-8880  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name DAYNA M-DECKEN  Date At 2 204 Telephone (818) 782-8066  NOTE: Signatures of at the Inventors for assignees of record of the entire interest at their representative(s) ere required. Submit multiple forms if more than one signature is required, see below:		are processione ass.	Multipe Cupit	#1101 INUI	ilber.				
OR    Firm or Individual Name	The address associated with								
Firm or individual Name  Address P.O. BOX 2111  City SANTA CLARITA State CA ZIP 91386-2111  Country U.S.  Telephone 866-824-8680 Fax 866-824-8680  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature DAYNA M/DECKER/  Date Of The Streetures of at the inventors of assignees of record of the entire interest or their representative(e) are required. Submit multiple forms 8 more than one streeture is required, see below.	Customer Nu	ımber.	35968	5					
Individual Name	OR	•				l			
Address P.O. BOX 2111  City SANTA CLARITA State CA Zip 81386-2111  Country U.S.  Telephone 866-824-8890 Fax 868-824-8890  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature DAYNA M-DECKER  Date DAYNA M-DECKER  Note: Signatures of all the inventors of assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below:									
Country  U.S.  Telephone  866-824-8680  Fax  866-824-8680  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Dayna M./DECKER  Date  Dayna M./DECKER  Date  Note: Signature of at the inventors of assignees of record of the entire interest or their representative(e) are required. Submit multiple forms 6 more than one signature is required, see below.	Add								
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Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  DayNa M/DECKER  Date  Date  Date  Telephone  (818) 762-6066  NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms 6 more than one alignature is required, see below.	Telephone	866-824-8680		Fax 8	68-824-8680	•			
SIGNATURE of Applicant or Assignes of Record  Signature  DayNA M. DECKER  Date  Date  Date  NOTE: Signatures of at the inventors or assignese of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.								
Signature  DAYNA M/DECKER  Date  Date  Date  Telephone (818) 762-6066  NOTE: Signatures of all the inventors or assignates of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.	Statement unge						***		
Date    Out   Company   Co	Signature 774	SIGNATURE	Of Applicant of Ass	ignee or	Record				
Date Int 21, 2014 Telephone (818) 762-6066  NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name DayNa M.D.	ECKER .							
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Application Number | 10/780117

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I hereby revoke all p	revious powers of attorney div	on in the	evode	dentified app	lication	1.
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OR I hereby appoint	the practitioners associated with	the Cust	omer N	umber:	<b>₩</b>	35965
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The address Customer No	essociated with umber:	3696	5			
Firm or Individual Name DAVID HONG, Esq., LAW OFFICE OF DAVID HONG						
Address P.O. BOX 2111						
City	SANTA CLARITA	State	CA		Zip	91385-2111
Country U.S.						
Telephone	966-824-868O		Fax	866-824-8880		
Applicant/Inventor.  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature						
Name STEVEN DODSON						
Date Oc	T. 27, 2004		lephon	7,0-4	دېد	13-7787
NOTE: Signatures of all the inver alignature is required, see below*	NOTE: Signatures of all the Inventors or assigness of record of the entire liferest of their representative(s) are required. Submit multiple forms if more than one algorithms, are below.					forms if more than one
Total of 2	forms are submitted.					

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